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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 03/31/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

MRI of the lumbar spine

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☑ Upheld (Agree)
- ☐ Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male who reported an injury on xx/xx/xx. The patient has a history of lumbar disc herniations and decompression with fusion of L4-5 and L5-S1. In addition, the adjacent level at L3-4 has also been noted to have disc herniations. Surgical history included lumbar surgery in xxxx. On xx/xx/xx, the patient was seen for an evaluation regarding lumbosacral radiculitis. The patient reports continued back pain with bilateral radicular leg pain. It was indicated that the patient is still very motivated and is working but having more and more difficulty. It was noted that the patient had increasing symptoms of the back and bilateral buttock and knee with prolonged standing or walking. Physical examination revealed lumbosacral junction tenderness, tenderness along the iliac crest, and sciatic notches with good range of motion of the hips. Flexion at the waist was normal, but pain was noted with any extension beyond neutral. Unofficial imaging studies included an x-ray, which was noted to reveal solid fusion at L4-5 and L5-S1 with adjacent level unremarkable and no instability. The treatment plan included an MRI of the lumbar spine. On XX/XX/XX, a Letter of Medical Necessity indicated that the patient had a history of lumbar decompression, effusion and instrumentation from previous disc herniations. The patient complained of persistent lower back pain and worsening bilateral radicular leg pain as well as increased numbness and tingling in the legs radiating down into the calf and foot. An MRI was requested to assess the degree of compression of the nerves in the lumbar area.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

According to the Official Disability Guidelines, MRIs are recommended for the lumbar spine with evidence of neurologic deficit, suspicion of cancer, infection or other red flags, after at least 1 month conservative therapy or prior to lumbar surgery. The clinical information indicated the patient complained of continued lower back pain with increased radicular pain, numbness and tingling. However, there were no significant objective findings on physical examination indicative of neurological deficit. There was no mention of reduced motor strength, sensation or reflexes. In addition, there was no documentation with evidence of failure of an adequate program of conservative treatment for a duration of at least 1 month prior to the requested imaging study. In addition, while the clinical information references and x-ray which was noted to

reveal solid fusion at L4-5 and L5-S1 with the adjacent level unremarkable and no instability, the date in which they x-ray was performed was not specified. Moreover, the official report was not submitted for verification. Furthermore, there was also no indication of prior MRI studies of the lumbar spine, as the date of injury was in XXXX. As such, the request has not been substantiated. Therefore, the requested MRI of the lumbar spine is not medically necessary and the previous determination is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)